



**American Burn Association  
ADVANCED BURN LIFE SUPPORT  
Registration Form**

Sponsored by MT-DPHHS Hospital Preparedness  
Program



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**STEP 1**

**Complete Name and Degree to be printed on certificate** (i.e. Jane Doe RN, BS): (first name, middle initial, last name)

**Degree(s)/Certification(s):**

**Address:**

**City:**

**State:** MT

**Zip:**

**Phone:**

**E-mail (THIS IS REQUIRED):** \_\_\_\_\_

**Profession:** MD ☐ PA ☐ NP ☐ RN ☐ LPN ☐ Paramedic ☐ EMT ☐ Other \_\_\_\_\_

**Agency Represented:**

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**STEP 2**

**Choose the ABLS location you are registering for** (choose only one location):

November 14, 2014 - Kalispell ☐

April 10, 2015 - Billings ☐

May 7, 2015 – Great Falls ☐

**WILL YOU NEED A MOTEL ROOM THE NIGHT PRIOR?? Yes ☐**

(We will establish a block of rooms at a motel in the area and provide you with that information. You will be responsible for reserving your room and securing it with your credit card. Upon course completion, we (DPHHS) will pay your room cost. If you fail to utilize the room you reserved, you are responsible for the cost.)

**The ABLS course requires a deposit of \$100.00 to reserve each slot. Your deposit will be refunded upon your completion of the course.**

**Please make your deposit checks payable to:  
MHREF**

**Mail the deposit checks to:**  
Attention: Dayle Perrin  
PO Box 202951  
Helena, MT59620-2951

**E-mail this registration form to:** [dperrin@mt.gov](mailto:dperrin@mt.gov) or [DMcGiboney@mt.gov](mailto:DMcGiboney@mt.gov)  
**Or FAX to:** 406-444-3044 (Attention: Dayle or Don)